SPECIAL FAMILY HABILI	TATION HOM	1E SCHEDU		ROVIDER:_			
PLAN DATE:			LC	LOCATION:			
SCHEDULE IMPLEMENTATION/REVISION DATE:			SE	SERVICE:			
NOTE: THIS TEXT BOX IS A REMINDER FOR THE PERSONS CREATIN SCHEDULE. THE PURPOSE OF THIS SCHEDULE IS TO PROVIDE A GPURPOSES AS THE PROVIDER IMPLEMENTS AN INDIVIDUALIZED AFTO ALLOW THE INDIVIDUAL TO ACQUIRE, RETAIN AND IMPROVE SERESIDE SUCCESSFULLY IN A COMMUNITY INTEGRATED SETTING SPRIMARY CAREGIVER OF THE CHILD.	UIDELINE FO RRAY OF TRA LF-HELP, SO	OR SPECIA AINING, AS OCIALIZATI	L FAMILY I SISTANCE ON AND AI	HABILITATI E AND SUP DAPTIVE S	ON HOME PORT SER KILLS NEC	DOCUMEN RVICES DES CESSARY T	NTATION SIGNED O
*****DAILY SCHEDULE***** DATE: MM/DD/YY							
BEGIN TIME							
Arises in A.M. (IF OVERNIGHT SERVICE DELIVERED)							
2. 6:00 AM medications / LIST MEDS HERE OR IF THEY ARE NOT AT THE SAME TIME EACH DAY IN THE AM THEN LIST AND DOCUMENT TIME GIVEN IN THE BOX							
3. Follow tube feeding schedule 3x daily, or list breakfast here							
TIME TO SCHOOL							
4. WEEKENDS AND SCHOOL HOLIDAYS: ACTIVITIES (may use codes if desired)							
TIME HOME FROM SCHOOL							
5. Bathroom needs met							
6. Afternoon family activities							
7. Res Hab Training –units used		NY					
8. 6:00 P.M. medication / LIST MEDS HERE OR IF THEY ARE NOT AT THE SAME TIME EACH DAY IN THE PM THEN LIST AND DOCUMENT TIME GIVEN IN THE BOX	ノし	الر			717		
Medical appointments/DR., Nurse, Dental, etccould use a code here such as N=nurse, D=Dr, T= dentist, etc				_			
10. Evening family activities						<u> </u>	
11. Bath/hygiene needs met							
12. Goes to bed/sleep time monitored (may need rows for bed ck times)							
13. Community inclusion activities (may use codes if desired)							
14. SFHH program implemented (may need am row also/instead)							
15. Positioning (may need more rows for am, afternoon, nighttime)document time occurred							
RESPITE CARE HOURS # OF UNITS USED							
Provider:							
Provider:							
END TIME							
SIGNATURE							
UNITS APPROVED 365 AS OF (USE PLAN DATE HERE)							
A COPY OF THIS DOCUMENTATION AND BILLING SHEET MUST BE SUBMITTED TO THE ISC MONTHLY *** INCIDENT REPORTS SUBMITTED AS A SEPARATE DOCUMENT***							

MONTHLY COMMENTS

(TO BE USED FOR DAILY OCCURRENCES THAT ARE OUT OF THE ORDINARY...ILLNESS, BEHAVIOR PROBLEMS, SCHOOL ISSUES, OTHER PERTINENT INFORMATION)

MONTH/DAY/YR	
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	Sample
	Vamolo